



## Frequency/Volume Chart

- Your Name \_\_\_\_\_
- Please complete the following form over three 24-hour periods. You do not have to choose three consecutive days.
- Choose three days where it is convenient to collect and measure each specimen of urine you pass over a 24-hour period.
- You will need a clean measuring jug to record each urine volume and record it on the chart.
- In the “intake” column record all the fluids that you drink with an approximate volume.
- The volume of any episode of incontinence (urine leakage) will not be recorded but should be marked with a tick at the time it occurred during the 24 hour period (see “leak” column in the example below).

### EXAMPLE FORM

TIME	INTAKE	VOIDED VOLUME	LEAK
07:00	250 ml tea	220 ml	
08:00			
09:00			
10:00	250 ml water		✓
11:00		110 ml	
12:00	200 ml juice		
13:00	250 ml coffee	60 ml	
14:00			✓
15:00		380 ml	
16:00	250 ml water		
17:00		400 ml	
18:00	300 ml tea		
19:00			
20:00	100 ml water	120 ml	
21:00			
22:00		310 ml	
23:00			
24:00	250 ml water		
01:00			
02:00			
03:00			
04:00		250 ml	✓
05:00			
06:00		420 ml	

You can start each 24-hour collection at any time of the day e.g. if on Day 1 your first collected volume is at 11:00 in the morning, record that volume at 11:00 then continue to record the volumes up until 06:00 at the bottom of the column. From 07:00 to 11:00 fill in any measurements at the top of the column up until 11:00. The chart on this page is an EXAMPLE only. Please drink what you normally drink and go to the toilet whenever you would normally go.

	Name	DAY 1	
TIME	INTAKE	VOIDED VOLUME	LEAK
07:00			
08:00			
09:00			
10:00			
11:00			
12:00			
13:00			
14:00			
15:00			
16:00			
17:00			
18:00			
19:00			
20:00			
21:00			
22:00			
23:00			
24:00			
01:00			
02:00			
03:00			
04:00			
05:00			
06:00			

	Name	DAY 2	
TIME	INTAKE	VOIDED VOLUME	LEAK
07:00			
08:00			
09:00			
10:00			
11:00			
12:00			
13:00			
14:00			
15:00			
16:00			
17:00			
18:00			
19:00			
20:00			
21:00			
22:00			
23:00			
24:00			
01:00			
02:00			
03:00			
04:00			
05:00			
06:00			

	Name	DAY 3	
TIME	INTAKE	VOIDED VOLUME	LEAK
07:00			
08:00			
09:00			
10:00			
11:00			
12:00			
13:00			
14:00			
15:00			
16:00			
17:00			
18:00			
19:00			
20:00			
21:00			
22:00			
23:00			
24:00			
01:00			
02:00			
03:00			
04:00			
05:00			
06:00			